

Radnorshire County Council



ANNUAL REPORT

of the

**County Medical Officer of Health
for 1954**

F. J. H. CRAWFORD

M.D., B.Sc., D.P.H., Barrister-at-Law

37



Radnorshire County Council



ANNUAL REPORT

of the

**County Medical Officer of Health
for 1954**

F. J. H. CRAWFORD

M.D., B.Sc., D.P.H., Barrister-at-Law

Radnorshire County Council.

HEALTH COMMITTEE.

(As on 31st December, 1954.)

Chairman : Alderman T. P. Davies.

Aldermen Mrs. Gibson-Watt, W. G. Bufton, W. H. Evans, and Capt. Harri Williams; Councillors S. W. Brisbane, F. G. J. Dalton, W. H. Edwards, W. Evans, R. J. Griffiths, R. P. L. Hughes, C. P. Jones, V. T. Jones, R. T. Knill, E. T. Kinsey Morgan, T. P. Nicholls, Brigadier Sir C. M. D. Venables-Llewelyn, Bart.; E. Vaughan, J. H. West; and Dr. M. Dilys Owen, Mrs. F. J. Edwards, Mrs. M. P. Price, Mrs. M. Chrimes, the Lady Delia Venables-Llewelyn and Mr. W. J. Beavan.

Maternity and Child Welfare Sub-Committee.

Chairman : Alderman Mrs. Gibson-Watt.

The same Aldermen and Councillors as compose the Health Committee together with Mrs. M. Chrimes, Mrs. F. J. Edwards, Mrs. M. Howse, Mrs. M. P. Price and the Lady Delia Venables-Llewelyn.

Mental Health Services Sub-Committee.

Chairman : Councillor W. H. Edwards.

The same Aldermen and Councillors as compose the Health Committee, together with Mrs. M. Chrimes, and Mrs. M. P. Price.

Ambulance Transport Sub-Committee.

Chairman : Councillor E. T. Kinsey Morgan.

The Members of the Health Committee, together with Mrs. E. G. Freeman, Mr. F. H. Lloyd, Mr. C. Roberts and Mr. R. Lane Walker.

Staff of the County Health Department.

County Medical Officer of Health and County Welfare Officer :	F. J. H. Crawford, B.Sc., Ch.B., M.D., M.R.C.S., L.R.C.P., D.P.H., Barrister-at-Law, Middle Temple.
Deputy County Medical Officer of Health (part-time)	M. Dilys Owen, J.P., B.Sc., M.B., Ch.B., D.P.H., D.R.C.O.G.
Consultant Psychiatrist and Adviser in Mental Health (part-time)	Gordon Diggle, M.B., Ch.B., M.R.C.P.(Ed.), D.P.M.
Psychiatric Social Worker (part-time)	Gwendoline Morgan.
Authorised Officers in the Mental Health Service (part-time)	G. W. Griffiths. A. J. James. H. E. Morris.
Chest Physician (part-time)	D. Ivor Williams, M.B., Ch.B.
Assistant Chest Physician (part-time)	P. P. Mulhall, M.B., B.Ch., B.A.O.
County Dental Officer :	P. G. H. Griffith, L.D.S.
Dental Attendant :	M. E. Daisy Botwood
Superintendent Nursing Officer and Supervisor of Midwives and Home Help Organiser :	Julia Todd, S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.
Inspector under the Food and Drugs Act : (part-time)	Ronald W. Price
County Analyst (part-time)	Herbert J. Evans, B.Sc., F.R.I.C.
Home Teacher of the Blind (part-time)	Richard Oldbury
Honorary Ambulance Officers (part-time):	
Llandrindod Wells	T. A. O. Meredith.
Knighton	S. W. Brisbane, C.C.
Presteigne	R. Lane Walker, C.C.
Rhayader	E. T. Kinsey Morgan, C.C.
Clerical Staff :	R. Percy Bufton, Chief Clerk and Petitioning Officer under the Mental Deficiency Acts ; W. J. Meredith, Rosalind N. Hodges (resigned 24th April, 1954), G. E. H. Steventon E. Hentria Dyer and Kay Maddox (appointed 9th August, 1954).

District Nurses :

The following District Nurses are employed by the Radnorshire County Nursing Association under arrangements made by the Local Health Authority. They undertake Health Visiting, General Nursing, Midwifery and School Nursing on behalf of the County Council.

Nursing Areas.	Names of Nurses.	Qualifications.
{ Knighton	Sarah E. Jones	S.R.N., S.C.M.,
	(resigned 31-7-54)	
	Beatrice M. Gerrish	S.C.M.
	(appointed 8-10-54)	
{ Llangunllo	† Enid M Price	S.R.N., S.C.M.,
	Hilda M. Bayley	S.C.M.
	Beguildy Ruth N. Hamer	S.R.N., S.C.M.
{ Boughrood	Margaret K. Chaplin	S.R.N., S.C.M., H.V.
		Cert., R.S.I., Q.N.S.
		S.R.N., S.C.M., H.V.
{ Clyro	Susannah S. Bowen	Cert., R.S.I., Q.N.S.
	(resigned 30-4-54)	
	Elizabeth F. Price	S.R.N., S.C.M.
	(appointed 1-7-1954)	
{ Painscastle	Sarah A. Davies	S.C.M.
	Cwmbach Mary A. Price	S.C.M.
	Hundred H'se Juan Stocker	S.R.N., S.C.M., R.F.N.
{ Llanbister	Gladys W. Ormerod	S.R.N., S.C.M.
	Llandewy Hannah Evans	S.C.M.
	(resigned 31-3-54)	
	Anne L. Thompson	S.R.N., T.A. Cert.
	(appointed 1-7-54)	
{ Llandrindod	Elizabeth J. Moseley	S.R.N., S.C.M.,
	Wells (transferred 1-4-54)	H.V.Cert., R.S.I., Q.N.S.
	Winifred M. Hasler	S.R.N., S.C.M.
	(resigned 19-12-1954)	
	Doris M. Davies	S.C.M.
	(appointed 1-7-1954)	
{ Newbridge-on-Wye	Edith M. Isitt	S.C.M.
	New Radnor Margaret M. Miller	S.R.N., S.C.M., H.V.
		Cert.R.S.I., Q.N.S.
{ Presteigne	Jean Morris	S.R.N., S.C.M., Q.N.S.
	Alice Haynes	S.C.M.
	Penybont Frances J. E. Davies	S.R.N., S.C.M.,
		H.V.Cert., R.S.I., Q.N.S.
{ Rhayader	Mary H. Williams	S.R.N., S.C.M., Q.N.S.
	Freda M. Lewis	S.R.N., T.A. Cert.Q.N.S.
	Nantmel and Lydia C. Jones	S.C.M.
{ Llanwrthwl	(resigned 17-5-1954)	
	Sarah Van Evans	S.C.M.
	(appointed 1-8-54)	
{ St. Harmon	Sarah E. Davies	S.C.M.

Supply Nurse	Doris M. Davies (resigned 1-4-54)	S.C.M.
	Elizabeth J. Moseley (appointed 1-4-54)	S.R.N., S.C.M., H.V. Cert., R.S.I., Q.N.S.

† This Nurse was on special leave attending a Health Visitor's Course and Queen's training from the 4th September, 1954.

ASSOCIATED OFFICERS.

Clerk of the County Council : Philip Parker.

Deputy Clerk of the County Council and Clerk of the Executive Council : Edmund A. Pearmain, D.F.C.

County Treasurer : T. R. Moore.

Director of Education : Oswald Beynon, M.A.

County Surveyor : D. H. Banks, M.B.E., T.D., B.Sc., A.M.I.C.E.

County Architect and County Planning Officer :
Frank J. Edwards, L.R.I.B.A.

Children's Officer : Esther Brunsdon, Ph.D.

HEALTH OFFICERS OF DISTRICT COUNCILS.

MEDICAL OFFICERS OF HEALTH (part-time) :

Urban Districts :

Knighton	H. C. Harley, M.A., B.M., B.Ch., 20, Bridge Street, Knighton. (resigned 1-9-54)
	G. A. Ballance, M.A., M.B., B.Ch., 3, Wylcwm Street, Knighton. (appointed 2-9-54).

Llandrindod Wells.	J. E. Jenkins, M.A., B.M., B.Ch., Chalfont, Llandrindod Wells.
--------------------	---

Presteigne	R. J. Walker, M.B., Ch.B., Warden Court, Presteigne.
------------	---

Rural Districts :

Colwyn	D. F. Cameron, M.B., Ch.B., Tyn-y-berllan, Builth Wells.
--------	---

Knighton	J. G. Garman, M.R.C.S., L.R.C.P., The Cottage, Knighton.
----------	---

New Radnor	R. H. Jobson, M.B., Ch.B. The Laurels, New Radnor.
------------	---

Paincastle	W. W. Wilson, M.B., Ch.B. Broad Street, Hay.
------------	---

Rhayader	J. D. O'M. Poole, M.B., Ch.B. Bryncoed, Rhayader.
----------	--

SANITARY INSPECTORS :

Urban Districts:

Knighton	Henry Jones, M.R. SAN. INST., M.I.S.E. Town Hall, Knighton
Llan'dod Wells	R. J. Morris, M.R. SAN. INST., A.R.I.C.S. Town Hall, Llandrindod Wells
Presteigne	T. Kenneth-Duncan, M.R.SAN.INST., M.S.I.A. Council Offices, Presteigne

Rural Districts:

Colwyn	G. Llewellyn, M.R. SAN. INST., M.S.I.A. Council Offices, Builth Wells
Knighton	David I. Davies, M.S.I.A., M.R.I.P.H.H., Council Offices, Knighton
New Radnor	S. D. Crowle, M.S.I.A. 2, Mill Street, Kington
Painscastle	Garfield G. Evans, M.R. SAN. INST. M.S.I.A. Council Offices, Hay.
Rhayader	G. H. Roberts, M.R. SAN. INST., M.S.I.A., Council Offices, Rhayader.

To the Chairman and Members of the Radnorshire County Council.

Mr. Chairman, Madam and Gentlemen,

I have the honour to submit to you my Annual Report for 1954.

The health of the people of the county generally was good and the incidence of infectious diseases was within normal limits, but an epidemic of "Virus B" influenza reached Radnorshire in October and led to many cases of this disease. Happily, these were of a mild type, and no deaths occurred which were attributed to this infection.

There were two developments in the County Health services. First, the authority approved of the extension of the diphtheria and whooping cough immunisation arrangements to provide, free of charge, on request by Medical Practitioners combined Diphtheria-Whooping Cough Vaccine, as well as the separate vaccines. This extension of the arrangements, which has been welcomed by medical practitioners and parents, should lead to the wider acceptance by the public of the protection of children against these serious diseases.

Second, from the end of June, the County Council took over from the Ministry of Food the distribution of "Welfare Foods." At practically no cost to the authority, these foods have been distributed in a manner convenient to those needing them. I would like to express my thanks to the volunteers in distributing points who have so kindly assisted in this useful work.

In addition, the authority submitted to the minister in July, formal proposals for extending the B.C.G. Vaccination scheme for the prevention of tuberculosis, to include children between 13 and 14 years of age. No additional cost will fall on the authority in respect of this scheme.

There has been no increase in the staff of the County Health Department to deal with these schemes. Indeed, the Health and Welfare Department at the end of the year had the same number of clerks as had been employed in the

Health Department seven years previously. That is, no additional staff had been appointed in spite of the implementation of the National Health Service Act and the development of services provided under it. Moreover, the department, without additional help, had taken over the work of the County Welfare Department, including the provision of residential accommodation for old people and other duties under the National Assistance Act.

Other services have continued and developed. In spite of propaganda by the District Nurses, there continues to be, however, a most disappointing lack of response on the part of expectant and nursing mothers and young children to the facilities offered by the County Council for their dental care. Owing to the low density of population in Radnorshire few people live within easy reach of a Dental Surgeon. The County Dental Service, which is carried to every village in the county where there is a school, should, therefore, satisfy a big need. The equipment of the mobile dental clinic is in every way as comprehensive and convenient as is provided in any private dental surgery, and the most efficient work can be carried out. It is patently obvious that such dental treatment is necessary, but is not being obtained by the majority of those entitled to it.

As I have said in previous reports, the health services of this county are mainly those provided by the family doctors and the district nurses, to whom I wish to express my indebtedness for their co-operation, and to pay tribute to the high quality of their work.

I gladly acknowledge the support and encouragement given to me in my work by the Chairman and Members of the Health Committee and its Sub-Committees, and the co-operation of my Clerical Staff and the Officers of the County Nursing Association.

I am,

Your obedient servant,

FRANK J. H. CRAWFORD,
County Medical Officer.

General Statistics.

Area	...	...	301,165 acres.
Population (Registrar General's Estimate)			19,440
Particulars are as follows :			

Urban Districts—

Knighton	1,840
Llandrindod Wells	3,280
Presteigne	1,250
	<hr/>
	6,370

Rural Districts—

Colwyn	1,620
Knighton	3,090
New Radnor	2,220
Paincastle	1,810
Rhayader	4,330
	<hr/>
	13,070

Total County	<hr/>	19,440
--------------	-------	--------

Rateable value	£198,165
----------------	-----	-----	-----	----------

Product of a Penny Rate				£806
-------------------------	--	--	--	------

Live Births :	M	F	Total.
Legitimate	130	128	258
Illegitimate	8	2	10
	<hr/>	<hr/>	<hr/>
Total Live Births	138	130	268

Birth Rate per 1,000 of population	Radnor.	E. & W.
	11'9	11'3

Number of Deaths at different Periods of Life :

Age Group	Male	Female	Total
0—1	7	1	8
1—5	—	1	1
5—15	—	—	—
15—25	1	—	1
25—45	5	4	9
45—65	24	13	37
65—75	27	38	65
75+	62	50	112
	<hr/>	<hr/>	<hr/>

Total deaths (all ages)	126	107	233
-------------------------	-----	-----	-----

Infant Mortality.

The number of deaths of infants under 1 year of age in the County during 1954 was 8, compared with 10 in 1953; the infant mortality rate (number of deaths under 1 year per 1,000 live births) was 29·8 compared with 38·2 in 1953. One death (male) occurred in an Urban District and seven (6 males, 1 female) in the Rural Districts. Six of the deaths occurred during the neo-natal period, i.e. in the first month of life. The causes of death were prematurity 2; broncho pneumonia and pleurisy 1; cerebral haemorrhage 2; pulmonary atelectasis 1; pyloric stenosis 1; and congenital malformation 1.

INFANT MORTALITY RATES.

Area.	No of Deaths under 1 year. 1954.	Rates per 1000 births.	
		1954.	1950-54.
Urban Districts :			
Knighton -	—	—	30
Llandrindod Wells -	—	—	18
Presteigne -	1	41·7	9
Rural Districts :			
Colwyn -	1	62·5	59
Knighton -	1	23·2	34
New Radnor -	1	29·4	47
Paincastle -	2	76·9	42
Rhayader -	2	37·0	43
Urban Districts -	1	10·5	19
Rural Districts -	7	40·5	45
Administrative County	8	29·8	36

	Radnor.	E. & W.
Death Rate of Infants under 1 year of age :		
All infants per 1,000 live births	29·8	26·8
Legitimate infants per 1,000 legitimate live births	31·0	
Illegitimate infants per 1,000 illegitimate live births	—	

Administration.

All the Health Services provided by the County Council, except for the School Health Service which comes under the control of the Education Committee, are administered by the Health Committee, which consists of 20 members of the County Council with 6 co-opted members including one General Medical Practitioner. For convenience of administration the Health Committee deals with matters of general policy and also with Vaccination, Immunisation (Section 26 of the National Health Service Act), Care and After-Care (Section 28 of the National Health Service Act), and the Welfare of the Blind (Section 29 of the National Assistance Act, 1948).

Sub-Committees of the Health Committee deal with Ambulance Transport, Maternity and Child Welfare and Mental Health Services. On these Sub-Committees are co-opted persons with special interest in the matters with which the Committees deal. Assessments in connection with Home Helps are dealt with by a Sub-Committee of the Maternity and Child Welfare Sub-Committee called the Fees Committee.

National Health Service Act, 1946 = Section 22 Care of Mothers and Young Children.

No ante-natal or post-natal clinics are provided by the County Council. Sterilised maternity outfits are provided free of charge through the District Nurses to all mothers confined at home.

CHILD WELFARE :

Child Welfare Centres are held in the county as follows :

Place.	Time.	Medical Officer.
Knighton, Church Hall.	First and †Third Tuesdays in the month, 2-30 p.m.	Dr. J. G. Garman Dr. G. A. Ballance
Llandr'dod Wells County Hall	Tuesdays 2-30 p.m.	Dr. M. Dilys Owen.
Newbridge-on-Wye P.O.W. Hut	First Friday in month 2-30 p.m.	Dr. Waldo B. Morgan
New Radnor, Walton Village Hall	Last Monday in month, 2-30 p.m.	Dr. R. R. Walker.
Presteigne, Shire Hall	Second Tuesday in month, 2-30 p.m.	Dr. R. R. Walker.
Rhayader, Greenfields	Second Wednesday in month, 2 p.m.	Dr. J. D. O'M. Poole & Dr. P. Shankey.
† As from September, 1954.		

The total number of sessions held and attendances made at the various Centres during the year were as follows:—

	Knighton	Llandrindod Wells	Presteigne	Newbridge-on-Wye	New Radnor	Rhayader	Total
No. of Meetings	15	48	12	11	11	12	109
Doctor present	15	45	12	11	11	12	106
Average No. of Voluntary Helpers	3	3	3	3	3	3	—
Attendances—							
Infants under :							
1 year	239	616	183	56	101	106	1301
1.5 years	203	270	170	136	236	89	1104
Total	442	886	353	192	337	195	2405

In general the Welfare Centres continued as in previous years, but at Knighton a second monthly session was arranged at which attendances, although small, slowly increased.

At each of the Welfare Centres a voluntary Committee assist in arranging for the attendance of voluntary helpers, the holding of Christmas Parties and in some cases, the bringing of out-lying children into the clinic by car. In addition, the voluntary workers provide cups of tea and biscuits for the mothers attending.

Proprietary dried milk and other foods, in addition to the welfare foods, are available for sale at welfare centres at cost price.

The attendance of toddlers and other children under the age of 5 years is encouraged at all the welfare centres, and this does ensure the medical supervision of these children up to the time when they begin to attend school.

When the National Health Service was inaugurated in 1948 doubts were expressed as to the need for continuing such welfare centres, as every child then became entitled to free medical advice. In fact, attendances at the welfare centres have been rather higher since the appointed day and this shows that they still satisfy a need.

The doctor's work at each centre is purely preventive, mainly the giving of advice to mothers on the feeding and management of their children. Advice on behaviour problems takes up a considerable part of the doctor's time. When a child is found to have any defect, the mother is asked to consult the family doctor. No medical treatment for defects is given at any welfare centre.

At each session diphtheria immunisation and whooping cough immunisation are undertaken, and since August, such protection has been available through a combined vaccine which has been found to be popular.

An important part of the work at each welfare centre is the teaching by the nurses of the mothers in child management, feeding etc. It has been found that the nurses are reluctant to undertake set talks on health topics, and instead the emphasis has been placed rather on advice to individual mothers to deal with their own problems.

In general, it can be said that the health of the children attending welfare centres has been of a high standard, and it is now rare to see at the centres the malnourished sickly child who was so commonly seen twenty years ago.

No special facilities are available at any welfare centre for giving advice on contraception, and mothers in need of such advice and the provision of contraceptive materials are referred to the Birth Control Clinic in Hereford.

UNMARRIED MOTHERS AND THEIR CHILDREN.

Special help is provided for unmarried mothers through the Swansea and Brecon Diocesan Moral Welfare Association. Miss Lewis, the Moral Welfare Worker, visits unmarried mothers in this county and offers advice and help as required, and she contributes the following report on her work in this county during the year :

“Number of cases :

Maternity	...	...	7
Children	...	...	7
Putative fathers	...	...	7
Would-be adoptees	...	...	1
Would-be foster parents	...	...	1

How dealt with :

Maternity—Three were admitted to Cwmdonkin Shelter, Swansea; One to St. Martin's Home, Hereford and three cared for in their own homes, entering Hospital for their confinement. Help and advice were given.

Children—Two returned home with mothers; with one of the children help and advice was given, to obtain a “private agreement” with the putative father to maintain the child until he reaches the age of 16 years.

One went with the mother to a domestic post where she remained only three weeks. I placed the baby in a Nursery. Agreement was made for the putative father to maintain it. Age 4½ months; the mother continually asked for this child to be adopted. I visited her many times to discuss this matter and to try to persuade her to keep the child but she insisted on adoption. One child was admitted to Eastmoor Nursery, Swansea. Putative father and mother are maintaining it. Three were placed for adoption; in each of these cases advice was offered to the mothers on keeping their babies, but in view of home circumstances they decided in the children's interest that adoption would be a happier solution.

WOULD-BE ADOPTEES: Interviewed, referred to Miss Cledd, Swansea. Baby girl placed, 1955.

WOULD-BE FOSTER PARENTS: Referred to Dr. Barnardo's worker.

PUTATIVE FATHER'S INTERVIEWED :

5 successfully; 2 otherwise.

All cases have been visited at least once every three weeks during the year. A considerable mileage has been covered and there has been much necessary correspondence for all people concerned."

CARE OF PREMATURE INFANTS :

The District Nurses give special supervision to premature infants. Equipment including cots, blankets, hot water bottles with covers, cotton wool and other articles are available and provided where necessary. A layette is also provided in necessitous cases. Masks are given to mothers of premature infants and advice is given on how to use them, and on the special care necessary in such cases. If home care is likely to be inadequate a premature baby is admitted to the Llandrindod Wells Hospital, where an electrically heated cot, provided by the County Council, is available.

During the year, 8 premature babies were born at home and 9 in hospital. Of the 8 born at home, 7 were nursed entirely at home. Of the 17 premature babies born in the county 7 died within 28 days. One was transferred to Hereford Hospital where it died at 5 days old of Bronchopneumonia.

All the others did well and were classed as premature because of weight and not their weeks of maturity.

STILLBIRTHS AND DEATHS OF INFANTS UNDER ONE YEAR.

There were 3 still births during the year, all born in hospital. In two cases the cause of stillbirth was toxæmia of pregnancy. In one case the baby was a second twin.

The causes of death of the 6 infants who died during the first month of life (neo-natal deaths) are as follows :

Cerebral Haemorrhage	2
Pulmonary atelectasis	1
Pyloric stenosis	1
Broncho-pneumonia and Pleurisy	1
Prematurity	1

The cause of death of the other child who died during the first year of life was Congenital malformation of the pancreas.

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN.

Mr. P. G. H. Griffith, the County Dental Officer, reports as follows :—

“The number of patients, particularly expectant and nursing mothers, has again been disappointing. The figures for pre-school age children do not give a true account of the work as many of these have been seen as four years olds in the schools.

The Mobile Clinic has made the provision of treatment near the home possible. Unfortunately, although the nurses are notified when the clinic is visiting their area there has not been a great response from the mothers themselves although there is an improvement in the number of children being brought for inspection and treatment.

There is considerable difficulty in a scattered area like Radnorshire in giving talks and the personal approach by the nurses to each mother remains the most profitable line. We hope to supplement these efforts by the issue of instructional leaflets and posters displayed at various points.

STATISTICAL TABLES:

(a) Numbers provided with Dental care, and forms of treatment given.

	Examined.	Needing Treatment.	Treated.	Total Atten- dances.	Made Dentally Fit.
Expectant Mothers	3	3	3	6	3
Nursing Mothers	2	2	2	4	2
Children under five	16	16	16	16	16
Total	21	21	21	26	21

(b) Forms of dental treatment provided :

	Expectant Mothers.	Nursing Mothers.	Children under five.	Total.
Extractions	—	35	3	38
Anæsthetics—Local	—	—	3	3
General	—	1	—	1
Fillings	—	—	—	—
Scalings	2	2	—	4
Silver Nitrate treatment	—	—	28	28
Dressings	7	—	10	17
Radiograph	—	—	—	—
Dentures provided—Complete	—	2	—	2
Partial	—	—	—	—

SUPPLY OF WELFARE FOODS.

Until the 26th June the distribution of Welfare Foods, that is Vitamin A & D Tablets, Cod Liver Oil, Orange Juice, and National Dried Milk, was undertaken by local offices of the Ministry of Food. Thereafter responsibility for this work was placed on Local Health Authorities.

The planning of distributing arrangements was not easy in a county with a population so scattered, but the following scheme was accepted by the Council and works well.

Three Registrars of Births and Deaths, who are also District Welfare Officers, and act as part-time members of the staff of the Health Department in their work as Duly Authorised Officers in the Mental Health Service, undertake the distribution of the welfare foods. To this end main distributing centres are established at Llandrindod Wells, Knighton and Rhayader, each being under the control of one of these

officers, who are also responsible for supplying welfare foods to twenty-six other distributing points. These include Infant Welfare Centres, a number of Sub-Post Offices, and the homes of certain district nurses. The principle which was followed was that under the new arrangements it should be no less easy than under the old for mothers to obtain these welfare foods.

This scheme has worked well. It is extremely economical, for no additional staff have been appointed for this work, and the only cost falling on the County Council is the additional travelling allowances for the three officers concerned.

The scheme has the advantage that welfare foods are obtainable in most instances every day of the week during the normal shop opening hours, and except at Welfare Centres their sale has not been restricted to certain limited issuing sessions. As a result the consumption of all these welfare foods has increased.

During the period 28th June to the 31st December, 1954, issues were as follows :

National Dried Milk	6,842 tins
Orange Juice	3,590 bottles
Cod Liver Oil	1,097 bottles
Vitamins A & D	201 packets

The value of the coupons surrendered was £374 2 7.

Sections 23, 24 and 25 - Nursing Services.

The duties of the Local Health Authority to provide Midwifery, Health Visiting and General Nursing services are carried out on behalf of the authority by the Radnorshire County Nursing Association.

Miss Todd, the Superintendent Nursing Officer is also Superintendent of the County Nursing Association and contributes the following report on the work of the nursing staff :

"During the year 1954, five members of the staff resigned, and four appointments were made. There is still some difficulty in obtaining nurses who have the Health Visitor qualifications in addition to their Nursing and Midwifery qualifications. The County Nursing Association have a training scheme whereby suitable nurses are sent to do their Health Visitor training. A Bursary of £300 is paid to the nurse and from this she pays all expenses of the course. This is a generous allowance and compares favourably with schemes

of a similar nature in other Counties. Vacancies are found through the Queen's Institute of District Nursing, who have established Training Centres for Health Visitors at Brighton and Bradford. The course is extensive and includes home, clinic and school visiting with an experienced Health visitor, as well as lectures on Child Welfare, Psychology, Diet, Law and Social Economics. At the end of the nine months course the examination of the Royal Sanitary Institute is taken. Nurses who take this course and who are not already qualified as Queen's nurses, can combine the two trainings, and are given leave of absence for one year to qualify as Queen's nurses and Health Visitors. One of our nurses was taking the combined course during 1954.

All nurses have cars for their use at work. Twelve of these are provided by the County Nursing Association. In the past some difficulty has been experienced in finding living accommodation for the nurses, but we are now more fortunate in that some Council houses have been allocated to the County Nursing Association for the nurses to live in. In all there are nine of these houses in addition to two provided in the past by District Nursing Associations.

HOME NURSING.

There was an increase in the number of home nursing visits paid during the Autumn of this year, probably due to an influenza epidemic which affected the whole community. In parts of the County the younger school-children were the most badly affected. There was a good deal of nose bleeding associated with the epidemic and the nurses were kept busy with it. In other places it was the elderly people who seemed to become ill, with a bronchitis sometimes followed by heart failure. Nursing in these cases was intensive and prolonged. General practitioners are tending to ask the nurses to give injections which previously they might have given themselves and if the injection has to be given twice daily, the doctor and the nurse often come to an arrangement so that they visit alternately. Co-operation between doctor and nurse is good in this County, possibly because the nurse is the general factotum doing nursing, midwifery, health visiting and social work.

A large proportion of the nursing visits are paid to elderly and chronic sick, although this varies between urban and rural areas. In the towns one seems to find more chronic, elderly patients proportionately, whereas in the county areas the old people seem to remain healthy and active and then suddenly become ill and die.

The nurses do a good deal of social visiting of the elderly, and are, of course, responsible for the supervision of the work of a home help if one has been provided under the County scheme. There is sometimes a need for some-one to sit up at night with a sick person. There is no night-sitters scheme in this county for the need is not great; if a night nurse is required in the town areas there are good assistant nurses who can be called upon; in the country a neighbour will often come, or another member of the family. If no-one is available the patient must be removed to hospital and there is usually no difficulty about this. The nurses do not sit up at night except with midwifery cases, but they do go out late at night to see that the patient is made comfortable and perhaps to give an injection to help the patient to sleep.

MIDWIFERY.

It is encouraging to report a slight increase in the number of home confinements this year. One hundred and twenty-five mothers were delivered at home, compared with ninety-seven last year. In fifty cases a doctor was present at birth. In these cases the doctor wished to attend the confinement or the mother wished him to be there. All pregnant women are seen at least once by their family doctor in the ante-natal period. If the doctor wishes to be present at the birth, or the mother wishes him to come, it is the responsibility of the midwife to call him. If the midwife requires his presence at labour or in the puerperium, she calls him in as the doctor who has already examined the mother. This seems to work very well and appears to be an arrangement suitable to everyone.

All district midwives are qualified to administer Gas/Air analgesia; one gained her certificate in October. It is understood that the district midwife will soon be using Trilene as an analgesic. Many of our midwives will welcome a less cumbersome apparatus as often the machine must be carried for some distance. Pethidine is widely used and is found most helpful.

The weekly classes for expectant mothers, held in Llandrindod Wells, which teach simple mothercraft and relaxation, have been well attended and are found to be of real help. Unfortunately it has not been possible to start these classes in other areas because of the scattered nature of the county and the difficulties of finding suitable accommodation. However the midwives try to teach as they do their routine

ante-natal visits. After booking the midwife the expectant mother is visited monthly for the first six months and then every fortnight. Blood pressure estimation and urine testing is carried out at each visit. The expectant mother is encouraged to visit her own doctor, who also does routine ante-natal examination. Testing of blood is not done as a routine measure in all parts of the County.

It was necessary in one instance to call out the "Flying Squad" from Hereford in a case of post-partum hæmorrhage. The "Flying Squad" arrived very promptly and a blood transfusion was given. In this case, the blood group had been ascertained in the ante-natal period, so valuable time was saved.

The Superintendent Nursing Officer, who is the Supervisor of Midwives, visits all district midwives regularly, inspecting their records and equipment. The midwives at the Llandrindod Wells Hospital are also under her supervision. There is one independent midwife practising in the County and a regular visit is paid to her. The Supervisor of Midwives also examines all applications to be confined in hospital because of unsuitable home conditions. In many cases the home is unsuitable because of overcrowding, inadequate facilities, or lack of help. In others however, the home conditions might be thought to be ideal, but usually in these circumstances there is either a lack of help, or the husbands feel that it would be better for their wife to be in hospital. Primiparas are admitted to hospital without any difficulty, but if possible multiparas are encouraged to stay at home, as it is better for the older children to meet the new baby straight away—it seems to do away very largely with the jealousy problems which are so often met with if mother arrives home from hospital with a new baby.

HEALTH VISITING.

The number of qualified Health visitors in the County at the end of the year was five. This includes the Superintendent Nursing Officer. One nurse is at present training to be a Health Visitor under the scheme described earlier. All other nurses do health visiting under dispensation from the Welsh Board of Health.

This work seems to be increasing, as the Health visitor is regarded more and more as the basic social worker. Infants under one year are visited on the fourteenth day of life, and mothers are helped with any feeding difficulties, advised on general care and mothercraft. Monthly visits are then paid until the child is a year old; if care is good then visits are

paid at two monthly or three monthly intervals until the child is five. Mothers are encouraged to have their children vaccinated, immunised against diphtheria and inoculated against whooping cough, and on the whole the response is good, especially now that the nurses are permitted to share in some of this work. This is a great help to the mother of a young family who lives some distance from the doctor. Three monthly visits are paid to mental defectives, and persons suffering from Tuberculosis. The latter are advised in matters of personal hygiene, disposal of sputum, diet and monetary difficulties. If they are attending the Chest Clinic they are encouraged to keep up a regular attendance, and contacts also are encouraged to attend the Clinic. Blind persons are visited monthly, usually as a social visit, and the nurses co-operate with the Committee of the Radnor Association of the Blind in helping with transport when there is an outing or tea party. Most of the old and lonely people are known to the nurses who visit them fairly regularly to see that they are managing. Nurses regularly attend the six Infant Welfare Centres in the county and give advice to the mothers on many problems

As generalised work is undertaken in Radnorshire the nurses carry out a great deal of family visiting, for although one member of the family may be the primary reason for a visit, the opportunity is taken to enquire about other members of the household, and problems may be discussed and advice and health teaching given, which apply to the family as a whole. Any difficulties may be referred to the Superintendent Nursing Officer and discussed with her, and if necessary the problem is passed on to the specialist department concerned.

Talks to Women's Institutes and other organisations are often requested, members sometimes supplying a list of questions which they would like answered. These questions are very well thought out and helpful, and show the intelligent interest taken in health matters by the general public."

Regular meetings of district nurses were held at the County Hall at which talks were given on health topics and films shown. The meetings have been appreciated and have helped the nurses to find the answers to problems which they have found difficult of solution.

WORK OF THE RADNORSHIRE COUNTY NURSING ASSOCIATION DURING 1954.

Superintendent Nursing Officer :

Routine Inspections of Midwives	...	64
Special Visits to Nurses	...	48
Other Visits to Nurses	...	61
Visits to Nursing Homes	...	15
Visits to Hospitals	...	26

Work of the Nursing Staff :

(1) Midwifery—

First visits to expectant mothers	...	273
Re-visits " "	...	1529
Maternity and Midwifery visits	...	2040
Confinements attended at home	...	127
Confinements admitted to Hospitals	...	127

(2) Child Welfare—

Attendances at Welfare Centres	...	222
First visits to infants under one year	...	287
Re-visits " "	...	2604
First visits to children 1-5 years	...	176
Re-visits " "	...	4324

(3) Health visits to Tubercular patients ...

550

(4) General Nursing—Health Visiting—

Medical and Surgical visits	...	29805
Health visiting and Casual visits		5870

Section 26 = Vaccination and Immunisation.

VACCINATION AGAINST SMALLPOX.

The arrangements for vaccination have continued as before. The work is carried out by general practitioners in homes, surgeries and welfare centres.

Constant efforts are made by the district nurses to persuade parents to agree to vaccination against smallpox for their children, and the percentage of children vaccinated during the year showed a slight improvement over the year. It is still, however, too low.

Statistics of children vaccinated (under 1 year of age) are as follows :

Year.	Percentage vaccinated.
1949	44·0
1950	26·2
1951	55·4
1952	40·8
1953	36·6
1954	37·3

IMMUNISATION AGAINST DIPHTHERIA.

On the 6th August the Health Committee approved a recommendation that combined protection against diphtheria and whooping cough should be made available in this county, and since this time nearly all primary immunisation against diphtheria of children under five years of age has been by the combined diphtheria-pertussis vaccine. The advantage of giving the vaccine in a combined form is that only three injections are necessary as compared with five when the vaccines are given separately. By using the combined vaccine we can get a larger number of children protected against diphtheria than if separate vaccines are used. Most mothers are anxious to have their children protected against whooping cough, a disease of which they have had experience, but they are much less anxious to have their children protected against diphtheria, because this is a disease which few have seen nowadays.

Constant propaganda is undertaken in regard to Diphtheria Immunisation. Each child on his first birthday receives a birthday greetings card and consent form advising this protection. In addition, the nurses during their health visits are constantly impressing the desirability of this protection.

The number of children known to have completed a full course of Primary Immunisation during the year was :

Age at date of final injection.	Total.
Under 5	5-14.
167	6
	173

The number of children who were given a Booster or Reinforcing Injection (i.e. subsequent to complete full course) was 43 as against 32 in 1953. This figure is still disappointing.

It is believed that a good many more children than these have been protected. Some medical practitioners never send in a completed Record Card of Immunisation although they obtain supplies of prophylactic.

Percentages of Children Immunised against Diphtheria.

Year.	Under 5 yrs.	5—14 yrs.	Under 15 yrs.
1951	45·4	69·6	61·3
1952	45·0	74·0	64·8
1953	46·6	64·3	58·5
1954	51·9	63·7	59·5

INOCULATION AGAINST WHOOPING COUGH:

Parents are advised to have their children inoculated against whooping cough starting at the age of four months. Whooping cough vaccine, diphtheria prophylactic, and combined whooping cough and diphtheria vaccine are issued free of charge through the County Health Department. The scheme for inoculation against whooping cough is confined to children under the age of five years.

One hundred and seventy children completed a course of inoculation against whooping cough during the year.

Section 27 - Ambulance Service.

This service, provided on an Agency basis by the Welsh Home Service Ambulance Committee of the British Red Cross Society and Order of St. John, continues to work satisfactorily.

The Chairman of the Ambulance Transport Sub-Committee of the County Council is also Chairman of the St. John Council for Radnorshire. The County Medical Officer is in executive control of this service and he is assisted by an Honorary Ambulance Officer at each of the Ambulance Sub-Station. One ambulance is stationed at the Central Ambulance Station, County Hospital, Llandrindod Wells, which is also the Operational Headquarters of the Service. Driving of the vehicle based on the hospital is undertaken by a part-time driver employed by the Hospital Management Committee, and there is also a relief driver who lives about 400 yards away.

At each of the Sub-Stations, which are at Knighton, Presteigne and Rhayader, one ambulance is sited, and these are manned by voluntary personnel.

Monthly servicing is undertaken by the Welsh Home Service Ambulance Committee, any major defects found are dealt with at Cardiff. Replacement vehicles are provided temporarily from the Central Pool at Cardiff. Minor repairs are carried out at local garages.

By arrangement with the Breconshire County Council the Hay-on-Wye Ambulance Station serves the Painscastle Rural District, together with the parishes of Newchurch and Michaelchurch-on-Arrow. The Montgomeryshire Ambulance stationed at Newtown, covers the parishes of Llananno and Llaithddu.

Emergency calls are normally dealt with by the nearest ambulance. Thus emergency calls from the parishes of Cwm-bach, Llanelwedd and Hundred House are passed to the Breconshire Ambulance Station at Builth Wells, and such calls from the eastern part of New Radnor Rural District are sent to the Hereford Ambulance Station at Kington. On the other hand, Radnorshire ambulances deal in emergency with certain calls outside this county. Thus the Knighton Ambulance answers emergency calls from the Shropshire parishes of Llanfairwaterdine and parts of Bettws-y-crwyn, and the Rhayader Ambulance deals with urgent calls in the Breconshire parishes of Llanwrthwl, Llysdimam and Llanfihangel-bryn Pabuan.

The Authority does not possess any sitting-case cars but uses exclusively private hire vehicles at a cost of 9d. per mile, plus any waiting time at a rate of 2/6 per hour. Sitting-case Cars are provided through a voucher system on the authority of a Medical Practitioner, District Nurse, Hospital Officer or a Duly Authorised Officer in the Mental Health Service. Vouchers are issued to the car-hirer nearest to the patient's home, certifying that the patient is unfit, for health reasons, to travel by ordinary public transport. This system is simple, efficient, avoids complicated administration and is the most economical arrangement in a sparsely populated county.

Total annual mileage.

Year.	Ambu- lances.	Sitting-case Cars.	All Vehicles.	Increase on previous year (per cent)
1949	11,745	33,243	44,988	—
1950	13,676	47,466	61,142	35·9
1951	16,949	58,226	75,175	22·9
1952	13,989	61,500	75,489	0·4
1953	16,029	65,867	81,896	8·4
1954	16,303	76,022	92,325	12·7

As will be seen from the table of mileages covered by both ambulances and sitting-case cars the service continues to grow from year to year. Despite constant supervision this upward trend in the mileage covered cannot be controlled. The rise in mileage is largely accounted for by the increased number of calls from hospitals requiring to discharge semi-convalescent patients at short notice, and also because considerably more 'out-patients' are conveyed for treatment to clinics outside the County. Whilst this procedure may alleviate the considerable demand on hospital bed accommodation, it is felt that the ambulance service was not originally intended to tide over hospital administrative difficulties. The County of Radnor is unfortunate in that in the majority of cases where patients need Specialist treatment, long journeys to hospitals outside its area are necessary.

In 1954 ambulance vehicles did 839 miles per 1,000 of the population compared with 818 in 1953, while sitting-case cars covered 3910 as against 3360 in 1953. The number of journeys per 1,000 of the population made by ambulance vehicles was 23 compared with 21 in 1953, and by sitting-case cars 71 compared with 52 in 1953.

Section 28 - Prevention, Care and After-Care. Tuberculosis.

Copies of individual notifications of tuberculosis are sent in to the County Health Department from Chest Physicians and other medical practitioners, and from this information a central register of cases is maintained in the County Health Department. As soon as a notification is received, a health visiting record card is made out in respect of the patient concerned and sent to the appropriate district nurse—health visitor, who visits the home and makes out a report on the

home conditions and persuades contacts to attend at the Chest Clinic. Thereafter, the health visitor continues to visit the home, to ensure that conditions are as they should be, and that the patient is getting all the help that he requires. The health visitor's first report is sent on to the Chest Physician who invites contacts to attend the Chest Clinic for examination including X-raying, tuberculin testing, and where necessary B.C.G. Vaccination.

Notification is also sent to the County Health Department when a patient has been admitted to a sanatorium and when he has been discharged.

Under the county scheme patients suffering from tuberculosis who are being nursed at home, are entitled to a supply of free milk, and the loan at low rates of hire of certain articles of equipment.

The number of notified cases and contacts examined, and the number of contacts vaccinated with B.C.G. for the years 1951/54, are as follows:—

	1951.	1952.	1953.	1954.
Number of notified cases	7	11	6	14
Number of contacts examined	52	27	34	21
Number of contacts given B.C.G.	—	12	17	9

In accordance with circular 22/53 of the Welsh Board of Health, a scheme was drawn up to extend the County Council's arrangements for B.C.G. Vaccination, to include the routine testing and vaccination with B.C.G., of school children between the ages of 13-14 years. The proposals submitted to the Minister were in the following terms:

"The local health authority also intends to make arrangements to offer B.C.G. vaccination, subject to the necessary preliminary tests and to obtaining parental consent, to school children between their thirteenth and fourteenth birthdays. The vaccination will be carried out on the responsibility of the Medical Officer of Health by medical officers expressly designated for this purpose by the authority."

These proposals had not been approved by the Minister of Health by the end of the year.

As the Minister would only recognise for the purpose of this work medical officers employed by the Local Health Authority, this work will have to be undertaken by the County Medical Officer of Health, who, therefore, attended a short training course in B.C.G. Vaccination in Cardiff in July, 1954.

Health Education

During the year education on health matters was continued in the welfare centres, and through talks given by members of the staff of the Health Department to voluntary bodies, particularly the Womens Institutes. Many of these talks were illustrated by suitable film strips, a small library of which has been built up in the County Health Department. A film strip projector and screen are available.

The most important method of health education is however, through the visits of the district nurses to the homes in their areas. The combined nursing scheme means that every nurse is readily accepted as a friend of the family, and a ready ear is given to her advice.

Section 29 — Domestic Help.

Miss Todd, reports as follows:—

“This useful service appears to be growing more popular. Thirty six home helps were employed during the year, an increase of fifteen since 1953.

They are chiefly employed for a few hours a day to do the house work, and cook a mid-day meal for elderly and infirm people. Six maternity cases were helped ; two of them because of ill health in the ante-natal period—they were later confined in Hospital.

Requests for Home Helps come to the Superintendent Nursing Officer, who is the Home Help Organiser, from doctors, district nurses and sometimes the Area Officer of the National Assistance Board. A full report on the home conditions of the applicant is sent to the office and on this report and a subsequent visit the need is assessed—many elderly people can manage on their own if they have a few hours help to do the heavy work. Some difficulty is still experienced in finding suitable home helps, especially in the rural areas, but difficulties are overcome and on the whole the service appears satisfactory. The women who do come forward as home helps are very willing and most considerate of the needs of the householder, and their services are always highly appreciated.

Permission to put a home help into a household is obtained from the Chairman of the Maternity and Child Welfare Committee. When there is a home help in a house the nurse visits regularly to see that everything is working smoothly and to sign the weekly time sheet. The helps are paid on an hourly basis, with a maximum weekly wage. The financial side is dealt with entirely by the Treasurer's Department.

Of course, as the Home Help service grows, so does the cost of the scheme, but it is still cheaper to put a home help into a house so that the householder may remain in his own home—whether it be an elderly person or a woman who prefers to have her baby at home—than it is to admit them to an Old Peoples Home or a hospital. Old people especially are happier in their own surroundings, and if they can remain in their own homes for a few more years with some help from this scheme, so much the better.

The following table shows the number of Home Helps engaged, and the number of hours worked, since the inception of the National Health Service.

	1948	1949	1950	1951	1952	1953	1954
Number of Home Helps	3	20	17	30	35	21	36
Hours worked	395	2636	10064	18306	18557	14981	17501

Section 51 - Mental Health.

The Mental Health Services Sub-Committee deals primarily with all matters concerning mental health, and is advised by the County Medical Officer, and also, when necessary, by the part-time adviser in Mental Health, Dr. Gordon Diggle, Medical Superintendent of the Mid-Wales Hospital. No whole-time staff is employed, but part-time work is undertaken in the area by Dr. Diggle and Miss Gwendoline Morgan, the Psychiatric Social Worker (employed jointly by the Regional Hospital Board and the three Counties of Brecon, Montgomery and Radnor). Three part-time Duly Authorised Officers are also employed.

The Psychiatric Social Worker is responsible for the supervision of patients on trial from the Mid-Wales Hospital and on licence from Mental Deficiency Institutions.

A weekly Psychiatric Clinic is held in the County Hall, Llandrindod Wells, Dr. Diggle being the Psychiatrist in charge.

During the year 99 patients attended, making 374 attendances.

Dr. Diggle submits the following report :

"An out-patient clinic is held weekly, at the Clinic in the County Hall, Llandrindod Wells. This clinic is staffed from the Mid-Wales Hospital, Talgarth. The patients seen in this Clinic are referred to it, either by the patient's General Practitioner, by the County Medical Officer Health, or in a few cases, by the Children's Officer, or Probation Officer. In addition, patients who have been discharged from the Mental Hospital, and who reside reasonably near to the Clinic, are asked to attend at regular intervals, so that their progress can be supervised.

The Psychiatric Social Worker, Miss G. Morgan, is based upon the Mid-Wales Hospital, Talgarth. The Psychiatric Social Worker visits the relatives of all patients admitted from the County to the Mid-Wales Hospital; visits such patients as are discharged from that Hospital, and who require supervision at home; and in addition, visits such patients who are referred to her by the County Medical Officer of Health. This includes those patients who are dealt with under the Mental Deficiency Acts, and whom the County Medical Officer of Health considers should receive visits from the Psychiatric Social Worker. Detailed reports of these visits are made to the Medical Superintendent of the Mid-Wales Hospital, and/or to the County Medical Officer of Health.

The system of having an out-patient clinic in the County Hall, with the joint employment of a Psychiatric Social Worker prevents any over-lapping in the work of the Hospital Mental Health Services, and those provided by the Medical Officer of Health for the County."

Miss Gwendoline Morgan reports on her work as follows :

"The Welfare work in relation to psychiatric and defective persons has been undertaken at the direction of the Medical Superintendent of the Mid-Wales Hospital and the Medical Officer of Health for Radnorshire.

Families of all patients admitted from Radnorshire to the Mid-Wales Hospital, have been visited, and this early contact with the normal environment has served several useful purposes in that :

- (a) the history and background has been compiled for medical use in treating the sufferer.

- (b) Queries relating to Insurance and domestic problems have been solved, so that the patient may rest in hospital, without outside distracting worries.
- (c) Friendly contact has been established between hospital and relatives in order to dispel unnecessary fears concerning "the asylum."

Following discharge from Hospital, after-care has been given where and when needed. Patients needing further medical treatment have been referred to the Clinic at Llandrindod, and assistance in finding suitable employment has been given.

The whole purpose of after-care has been to allay unnecessary suffering or worry, and at the same time encourage self-reliance and a return to normal living.

Defective Persons needing particular help have been visited in order to ensure that adequate care and supervision is being given, either at home, or at places of employment. The Psychiatric Social Worker, besides acting as a liaison between the patient and the central authority, is able to advise and encourage guardians and employers when inevitable problems arise.

Difficulties particular to Mid-Wales, have been experienced in finding suitable employment for the partially handicapped; shortage of industry and intense competition for jobs from normal members of society has meant that it is almost impossible for an "inferior" to earn his/her own living.

ANALYSIS OF WORK UNDERTAKEN :

Total number of visits made	...	176
(a) Case histories on admission to Mid-Wales Hospital	...	27
(This does not indicate the actual admission rate for there are many instances of patients returning periodically for treatment, whose histories are already recorded).		
(b) Visits to ex-patients of the Mid-Wales Hospital needing after-care	...	103
(c) Visits to defective patients under Guardianship or statutory supervision	...	36
(d) Kindred Social Work in relation to defective patients	...	10"

MENTAL DEFICIENCY ACTS 1913-1938.

Ascertainment of new mental defectives is made by the County Medical Officer. Children suspected of mental deficiency are found as a rule through the district nurses who refer children who are markedly retarded to the County Medical Officer for examination before the age of five. Children who are backward are also referred by head teachers of schools. One boy aged 8 years and one girl aged 10 years, brother and sister, were ascertained as mental defectives during the year. These children whose father had been admitted to a mental hospital, and whose mother was of very dull mentality, but who had not herself been certified, were, because of unsatisfactory home conditions, admitted to the County Council Children's Home during the year. Application has been made for their admission to a mental deficiency institution.

On the 31st December, 1954, the number of ascertained cases from the Authority's area was as follows:

	M	F	Total
In certified institutions	16	15	31
Under guardianship	3	--	3
Under supervision	22	12	34

One male and one female were awaiting institutional care at the end of the year.

Defectives from the County are in the undermentioned Institutions:

	M	F	Total
Pantglas Hall	—	9	9
Stoke Park Colony, Bristol	4	—	4
Royal Earlsfield Institution	1	—	1
Brentry	1	—	1
Rampton	—	1	1
Brynhyfryd Hospital	9	1	10
Llys Maldwyn Hospital	1	2	3
Coed Du Institution	—	2	2
	16	15	31

National Assistance Act, 1948.

Blind Persons.

The Health Committee is responsible for the scheme for the welfare of Blind Persons. The Birmingham Royal Institution for the Blind to which the Authority makes an annual grant, undertakes supervision of home workers and some domiciliary visits. In addition, all blind persons are visited each month by the District Nurses who give general supervision. The Radnor Association for the Blind is a voluntary body affiliated to the Royal National Institute for the Blind and is entirely supported by voluntary contributions.

Mr. Richard Oldbury who was appointed by the County Council in 1953 as a part-time Home Teacher of the Blind, submits the following report :—

“The greatest proportion of my work during the first year has been taken up with routine visiting. This visiting is of equal importance as the more specialised work of teaching Braille, Moon and handicrafts. Owing to the time I am allowed for home teaching, and the scattered district that I have to cover these visits are not very frequent or regular. On the average I visit each blind person once every two months and it is generally considered they should be visited at least once a month. For the purpose of visiting I have divided the blind population into seven small groups.

During my training at the Birmingham Royal Institution for the Blind I spent some months working with qualified home teachers in that area, and we were expected, if possible, to visit each blind person every three weeks and this entailed making five visits per day, whereas I have to visit as many as ten in a day. This does not allow me to give sufficient individual attention to the blind people. When someone is blind it is natural for him to become depressed and the home teacher may need to spend a considerable time with him. This I can verify from my own experience.

It was hoped to start a combined Occupational Therapy Class and Social Centre at Knighton in November, but I was unavoidably called away. At first such classes would be purely experimental, but, nevertheless important, particularly to those who are unable to learn Braille or Moon. It will be appreciated that an occupational interest does much to create a happy frame of mind.

I have done very little in the actual teaching of braille as yet. Two of the blind people commenced to learn but owing to a decline in their general health I felt it wise to stop the lessons. I also hope to interest as many of the blind people as possible in braille or moon in the New Year.

I spent some time with the Vicar of Llowes who has shown great interest in Bernard Lloyd a young boy in his parish. I helped the vicar with braille and the use of braille frames etc. This he has passed on to the child, whom I have not yet been allowed to see."

The Radnor Association for the Blind arranged a summer excursion for our blind people to Borth and Aberystwyth, and a Christmas Tea and Entertainment at Llandrindod Wells. Eight blind people were sent on holiday, four of these going to Southerndown, the holiday home provided by the Regional Council for the Blind. Social visits were also paid to many patients.

The age groups of persons on the Blind Register at the end of the year were as follows:—

Sex.	Age Periods.							Total
	0-15	15-25	25-35	35-45	45-55	55-65	65+	
Males	1	1	—	—	3	10	12	27
Females	1	—	1	1	5	6	17	31
Total	2	1	1	1	8	16	29	58

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Other
(1) Number of cases registered during the year in respect of which para 7 (c) of Forms B.D.8 recommends				
(a) No Treatment	1	—	—	5
(b) Treatment, Medical, Surgical or optical	3	—	—	6

There were no cases of ophthalmia neonatorum notified during the year.

Eight new cases (3 males, 5 females) were registered during the year and one died. At the end of the year there were 58 persons on the register.

It has always been the practice in this County to arrange for a Consultant Ophthalmic Surgeon to examine all suspected Blind Persons.

There is no Consultant Ophthalmic Surgeon in Radnorshire the nearest being at Shrewsbury and Hereford.

There is need for a Consultant Eye Clinic in the county.

Influenza.

The epidemic of influenza which had affected the whole country reached this county at the end of September. The Ministry of National Insurance sickness benefit figures appear to show that the peak of the epidemic was reached in the week ending 2nd November, when 115 claims for National Health Insurance Benefit were received, compared with the average for the 35 weeks ending 30th November, 1954, of 50, and the average for the 35 weeks ending 30th November, 1953, of 47. These figures show that the epidemic in this county was of very moderate size. By the end of the year it was over.

The infection was a mild one, and there were few complications. Blood samples taken from convalescents showed that the organism responsible was "Influenza Virus B."

Four Secondary Schools and six Primary Schools were closed on the advice of the County Medical Officer for periods of five days or less between the 18th October and the 26th November. These schools with one exception have wide catchment areas, and in the circumstances it was felt that school closure was justified.

No deaths were certified as due to Influenza in the last three months of the year, but two deaths were certified as being due to lobar pneumonia, and two to broncho pneumonia between the 14th and 30th October.

Tuberculosis.

Fourteen new cases were notified and four patients died from the disease in the area during the year. There were no deaths of non-notified cases.

Particulars are as follows :

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M	F	M	F	M	F	M	F
0-								
1-								
2-								
5-								
10	1	1						
15-	1							
20-	1	1						
25-	2							
35-	3		1	1	2	1		
45-	1							
55-	1							
65-								
75+					1			
Total	10	2	1	1	3	1		

The death rate per 1,000 of the population for the year 1954 was '20 compared with '15 for 1953.

The following table shows the total number of cases on the County Register at the end of the year :

Age Periods	Respiratory		Non- Respiratory		Total All forms	
	M	F	M	F	M	F
0—						
1—						
2—			1		1	
5—	1	2	2		3	2
10—	2	1	3	3	5	4
15—	2		1	1	3	1
20—	4	4	1		5	4
25—	14	13	2	2	16	15
35—	14	7	3	6	17	13
45—	4	2		3	4	5
55—	5	1	3		8	1
65—	1				1	
75+			1	1	1	1
Total	47	30	17	16	64	46

Venereal Disease.

There is no clinic or centre for the treatment of Venereal Disease in the County. Such cases are dealt with by arrangement with the Herefordshire County Council and the Salop County Council at their clinics at Hereford and Shrewsbury.

Particulars of attendances at the Centres are as follows.

	Hereford.		Shrewsbury	
	M	F	M	F
Syphilis—Cases	—	—	2	3
Attendances	—	—	19	99
Gonorrhœa—Cases	—	—	—	—
Attendances	—	—	—	—
Other Conditions—Cases	3	1	2	—
Attendances	11	1	32	—

Epilepsy.

Information with regard to the incidence of epilepsy in the county is incomplete, although a list has been compiled of those suffering from this disease. This list was drawn up from replies to a questionnaire sent to Medical Practitioners and District Nurses.

So far as is known there are 42 persons suffering from epilepsy in the county, of whom 15 are school children. None of the school children so affected is sufficiently seriously handicapped as to require education in a special school at the present time.

In addition 10 persons from this area who are suffering from the disease in a severe form are patients in the Mid-Wales Hospital, Talgarth.

Patients who appear to be suffering from epilepsy are treated by their own Family Doctor. Where necessary they are referred to a consultant clinic.

Should a child be found to be suffering from epilepsy of such a degree that he could not be satisfactorily educated in an ordinary school, or where his presence would be upsetting to other children, he would be sent to a special school. There would be no difficulty in obtaining admission to such a school.

Cerebral Palsy.

A list of persons known to be suffering from Cerebral Palsy was drawn up in the same way as that for patients suffering from epilepsy.

Ten persons are on this list, four of whom are spastic children of school age but none of these is so handicapped by cerebral palsy that he requires education in a special school. One is, however, also suffering from congenital heart disease, and is suitable only for home tuition.

Two persons suffering from cerebral palsy are registered mental defectives, one being under statutory supervision, and the other being a patient in the Mid-Wales Hospital.

Inspection and Supervision of Food.

Mr. R. W. Price reports as follows :

“For certain foodstuffs such as meat the duty of ensuring that it is sold in a wholesome condition falls mainly upon the District Councils and is carried out by the Sanitary Inspectors. The enforcement of the Food and Drugs Act however is the responsibility of the County Council and is included in the work of the Weights and Measures Department. Enforcement in the main is by way of sampling followed by submission for analysis by the Public Analyst.

During the year a total of 418 samples were taken for analysis in this way. Of these 299 were samples of milk while the remaining 119 included samples taken from a wide range of common products. It may appear that to concentrate nearly three-quarters of the work on the control of milk must result in an unbalanced supervision. It will be realised however that milk is locally produced and may be subject to variation from day to day. Many of the foods now sold in shops are branded products which are available in all areas and they are therefore subject to the sampling of officers of Local Authorities throughout the country. In spite of this fact there are three reasons for the taking of a limited number of samples of branded goods. First, each authority must make some contribution towards the national coverage and cannot rely entirely on the protection of the services of its neighbours : second, the possibility of local deterioration of goods must be guarded against ; and third, some goods, although nationally distributed, are produced in any one of several factories, and without some form of control, there is no certainty that the quality in one district will be identical with that in another.

Of the samples other than milk which were analysed during the year only three were found to be unsatisfactory. One of these was a chocolate biscuit confection with an artificial cream filling. This filling had deteriorated and was unfit for human consumption. The other two cases were both flour based products in which meal mite infestation was found. It was not thought necessary to take legal action in any of these cases but the stocks concerned were destroyed.

Of the milk samples, eleven were found to be sub-standard either because of low fat or low solids content, or because of the presence of added water. In five cases there was a fat shortage of a minor amount and no action, other than subsequent re-sampling, was taken. Two vendors of milk showing an appreciable fat deficiency were warned. The other four cases involved adulteration ; two vendors were involved and legal proceedings were taken.

In the first instance an informal sample was found on analysis to contain an appreciable water content. As soon as the report was received a further sample was taken in the formal manner and this also proved to be adulterated by about 5 per cent. An investigation at the farm followed and, after the visit of the inspector, a workman in the employ of the vendor was nowhere to be found. He was eventually traced by the police and made a statement admitting that he had added water to his employer's churns. It was at first difficult to imagine what reason he could have for doing so, but it was eventually learnt that he and his employer milked in the mornings and evenings alternately. The employer therefore knew fairly accurately what quantity should be obtained. Now the complete stripping of cows involves some little time and trouble, and this the workman was apparently unwilling to devote to his task. He preferred to make up the deficiency by adding water. The fact that the adulteration was spread over the whole consignment for the day meant that the percentage adulteration found gave a somewhat false picture of the amount of water added. It was probably not less than a bucket-ful.

Although the supervision of the employer was manifestly inadequate it was felt that proceedings against him were not called for, though he was undoubtedly liable in the legal sense. The workman was prosecuted and fined £2 and £1 6 6 costs.

I should like to take this opportunity of expressing my thanks to the Mid-Wales Police Authority for their co-operation in this case.

The second case of adulteration was also discovered as a result of the taking of an informal sample. The subsequent formal sample was analysed and found to contain about 7% of water. No explanation was offered by the vendor and a prosecution was undertaken. The defence was based mainly on the fact that the unsealed churns were unattended on a road-side stand for some period and could have been tampered with. The magistrates however recorded a conviction and fined the vendor £2 and £1 5 0 costs.

Although cases such as these receive much publicity it should not be forgotten that they are the exceptions and that in the great majority of samples the analysis proves that the goods are satisfactory. The proportion of sub-standard samples for Radnorshire averages about $3\frac{1}{2}\%$ and this figure includes deficiencies which are trivial or for which some adequate explanation can be found. The fact that a certain number of unsatisfactory samples for which no explanation or excuse can be offered is found every year makes it clear, however, that there is a very real need for food supervision of this kind, and I think there can be little doubt that food standards might well deteriorate if the control were relaxed. The cost of the service can be regarded as an insurance premium on the food supply of the County. The amount is rather less than 1 penny in terms of rating.

Laboratory Arrangements.

There is no laboratory of the Public Health Laboratory Service in the County. Specimens requiring bacteriological investigation can be sent to the Public Health Laboratories at Aberystwyth, Shrewsbury and Hereford. In the case of samples of water and other specimens which should be examined within a few hours of inspection, it is generally advantageous to make use of the laboratories at Shrewsbury or Hereford to which communications are speedier than Aberystwyth.

Chemical analyses are undertaken by the County Analyst, Mr. Herbert J. Evans.

Public Health Act, 1936.

Sections 187 — 191

There are two registered Nursing Homes in the County.

The Park Nursing Home, Llandrindod Wells, has accommodation for 16 patients, 6 beds originally having been registered for maternity patients. Since 1951 the Regional Hospital Board has reserved 8 beds for convalescent patients in this Home.

The Wycliff Nursing Home, Clyro, has two beds available for general cases.

Both these Nursing Homes were visited each quarter by the Superintendent Nursing Officer, who inspected the registers and found conditions satisfactory.

Nurseries and Child Minders Regulation Act, 1948.

No applications for registration under this Act were received during the year, and no Day Nurseries or Daily Minders are registered with the Authority.

Rural Water Supplies and Sewerage Act, 1944.

Under the Rural Water Supplies and Sewerage Act, 1944, the following schemes for the provision of water supplies were submitted to the County Council by the undermentioned Authorities.

District Council.	Particulars of Scheme.	Estimated Cost.	Decision of County Council.
Colwyn	Builth Wells and District Water Scheme	£444,000	Scheme approved subject to the safeguarding of the Radnorshire interests.
New Radnor	Franksbridge Water Scheme	£6,850	Scheme approved.
Colwyn	Aberedw (Farms Water Scheme amended scheme)	£4,445	Scheme approved.

TABLE I.
Causes of Death in Administrative Areas in the County of
Radnor for 1954.

Causes of Death	Urban Districts								Rural Districts								County.		
	Knighton.		Llandrindod Wells.		Presteigne		Colwyn.		Knighton.		New Radnor.		Painscastle		Rhayader.		M.	F.	Total.
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
Tuberculosis of respiratory system	1										1					1	3	1	4
Syphilitic disease																1	1		1
Malig'nt neoplasm stomach ...	1						1										2		2
breast ...											1					1		2	2
uterus ...				1														1	1
Other malignant & lymphaticneoplasm	1		1	2			2		1	2	3	2	1		2	2	11	8	19
Leukæmia, aleukæmia ...																1		1	1
Diabetes ...		2																2	2
Vascular lesions of nervous system	2	4	1	3	1		1	3	4	5	1	2	4	2	1	3	15	22	37
Coronary disease angina ...	2	2	3	2			4		2	1	3		2		5		21	5	26
Hypertension with heart disease			1	1					1								2	1	3
Other heart disease	1	2	5	6		1	3	2		1	1	5	2	2	7	9	19	28	47
Other circulatory disease ...	1	2	1	1					2	3					1	2	5	8	13
Pneumonia ...				1					2	1			1			2	2	5	7
Bronchitis ...		2	3				1			1					1	2	5	5	10
Carried forward ...	9	15	15	16	2	1	11	6	10	14	11	10	10	4	18	23	86	89	1

TABLE I—continued.
Causes of Death in Administrative Areas in the County of
Radnor for 1954.

Causes of Death	Urban Districts								Rural Districts								County.			
	Knighton.		Llandrindod Wells.		Presteigne		Colwyn.		Knighton.		New Radnor.		Painscastle		Rhayader.		M.	F.	Total.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
Brought forward...	9	15	15	16	2	1	1	1	6	10	14	11	10	10	4	18	23	86	89	175
Other diseases of respiratory system				1												1		2		2
Gonorrhoea and Nephrosis	1		1				1		1	1							4	1		5
Hyperplasia of prostate									1					2		2		5		5
Genital mal- formations							1									1	1	2	1	3
Other defined and undefined diseases	1	2	4	3	1		3		3		1	2	2	3	3	4	18	14		32
Motor Vehicle accidents																1		1		1
Other accidents	1		3	1	1	1										1		6	2	8
Side ...									1							1		2		2
Total ...	12	17	24	20	4	2	16	6	16	15	12	12	14	7	28	28	126	107		233

TABLE II.

Causes of death at the various periods of life in the County of Radnor, 1930.

		Aggregate of Urban Districts.															
Causes of Death.		All Ages.		0-		1-		5-		15-		25-		45-		65-	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis, respiratory		2													1		
Syphilitic disease																	
Malignant neoplasm, stomach		1															1
" " breast																	
" " uterus			1														
Other malignant and lymphatic neoplasms		2	2												2	2	
Leukæmia, aleukaemia																	
Diabetes	...		2														
Vascular lesions, nervous system		4	7												3		
Coronary disease, angina		5	4												2		1
Hypertension with heart disease		1	1												1		
Other Heart disease		6	9									1				3	
Other Circulatory Diseases		2	3														
Pneumonia			1														
Bronchitis	...	3	2														1
Other diseases of Respiratory system		1								1							
Nephritis and Nephrosis		2										1					
Hyperplasia of prostate																	
Congenital malformations																	
Other defined and ill-defined diseases		6	5	1											1		1
Motor vehicle accidents																	
All other accidents	...	5	2												1	1	3
Suicide																	
All Causes		40	39	1						1		2		9	6	9	

TABLE II.

Causes of death at the various periods of life in the County of Radnor, 1954.

Aggregate of Rural Districts.

Causes of Death.	All Ages.		0-		1-		5-		15-		25-		45-		65-		75-	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
tuberculosis, respiratory	1	1									1	1						
degenerative disease	1											1						
malignant neoplasm, stomach	1													1				
" " breast		2											1		1			
" " uterus																		
other malignant and lymphatic neoplasms	9	6			1						1	2			3	2	4	2
leukaemia, aleukaemia		1													1			
diabetes																		
vascular lesions, nervous system	11	15											2	2	3	8	6	5
coronary disease, angina	16	1											3		6	1	7	
hypertension with heart disease	1													1				
other Heart disease	13	19												1	8	12	11	
other Circulatory Diseases	3	5														3	5	
pneumonia	2	4							1	2	1	1					1	
bronchitis	2	3													1	2	2	
other diseases of Respiratory system	1											1						
phritis and Nephrosis	2	1													1	1	1	
hyperplasia of prostate	5														2		3	
genital malformations	2	1	2										1					
other defined and ill-defined diseases	12	9	4	1					1		1	2				6	6	
motor vehicle accidents	1									1								
other accidents	1											1						
suicide	2											2						
All Causes	86	68	6	1	1				3	4	15	7	18	23	44	32		

TABLE III.
Number of cases of Infectious Diseases notified in each
Sanitary District during the year.

Districts.	Acute Pneumonia.	Scarlet Fever.	Measles.	Whooping Cough	Erysipelas	Poliomyelitis (Paralytic)	Poliomyelitis (Non-Paralytic)
Urban Districts :							
Knighton -	1		7	27			
Llandrindod Wells				3			
Presteigne -	2	1		3			
Total Urban -	3	1	7	33			
Rural Districts :							
Colwyn -	1	1					
Knighton -	2			3		1	
New Radnor -	1	1	1		1		
Paincastle -	1						1
Rhayader -	19	3	2	2			
Total Rural -	24	5	3	5	1	1	1
Total County -	27	6	10	38	1	1	1

TABLE IV.

Area.	Live Births.			Still Births	
	No.	Birth Rates		No.	Rates per 1000 total births.
		1954	1950-54		
	1954	1954	1950-54	1954	1954
Urban Districts:					
Knighton	25	13·6	14·2	—	—
Llandrindod Wells	46	14·0	13·2	—	—
Presteigne	24	19·2	18·6	—	—
Rural Districts:					
Colwyn	16	9·9	12·1	—	—
Knighton	43	13·9	13·0	1	23·2
New Radnor	34	15·3	14·2	3	88·2
Painscastle	26	14·4	15·7	—	—
Rhayader	54	12·5	13·3	1	18·5
Urban Districts:	95	14·9	14·5	—	—
Rural Districts:	173	13·2	13·6	5	28·9
County:	268	13·8	13·9	5	18·6

TABLE V.

Area.	No. of Deaths	Crude Death Rates	
		1954	1950-54
Urban Districts :			
Knighton	29	15·8	15·8
Lland'dod Wells	44	13·4	13·8
Presteigne	6	4·8	12·3
Rural Districts :			
Colwyn	22	13·6	11·5
Knighton	31	10·0	10·2
New Radnor	24	10·8	12·8
Painscastle	21	11·6	11·7
Rhayader	56	12·9	13·2
Urban Districts :	79	12·4	14·1
Rural Districts :	154	11·8	12·0
County :	233	12·0	12·7

INDEX.

Administration	...	11
Ambulance Services	...	25
B.C.G. Vaccination against Tuberculosis	...	27
Births	...	49
Birth Rates	...	49
Blind Persons	...	34
Care of Mothers and Young Children	...	11
Care of Unmarried Mothers and Children	...	14
Cerebral Palsy	...	39
Child Welfare Centres	...	12
Committees and Sub-Committees	...	2
Death, Causes of	...	44
Death Rates	...	50
Dental Care of Mothers and Young Children	...	16
Diphtheria Immunisation	...	24
Food, Inspection and Supervision of	...	39
Epileptics	...	39
General Statistics	...	9
Health Education	...	29
Health Officers of Local Authorities	...	5
Health Visiting	...	21
Home Help Service	...	29
Infant Mortality	...	10
Influenza	...	36
Inoculation against Whooping Cough	...	25
Infectious Diseases	...	48
Laboratory arrangements	...	42
Lunacy and Mental Treatment Acts	...	30
Mental Health	...	30
Mental Deficiency Acts	...	33

Index continued.

Nurseries and Child Minders Regulation Act	43
Nursing Areas and District Nurses	4
Nursing Homes	43
Nursing Services	18
Population	9
Premature Infants	15
Rural Water Supplies & Sewerage Act, 1944	43
Sanitary Inspectors	6
Stillbirths and Deaths of Infants under 1 year	16
Staff of the Health Department	3
Statistical Tables	44
Tuberculosis	27, 37
Vaccination and Immunisation	23
Venereal Diseases	38
Welfare Foods—supply of	17